PART B - FEE(S) TRANSMITTAL							
Complete and send this form, together with applicable fee(s), to: Mail MAR 0 6 2006 or Fax				Commissioner (P.O. Box 1450 Alexandria, Vir Fax (571) 273-2885	Alexandria, Virginia 22313-1450 (571) 273-2885		
NSTRUCTONS: This for appropriate to the propriate to the property of the prope	so should be used for tran respondence including the local below or directed otherwise as.	smitting the ISSU Patent, advance or in Block 1, by (a	FEEE and reders and notice of the specifying specifical specifying specifical	PUBLICATION FEE (if req ification of maintenance fees a new correspondence addres	uired). Blocks 1 through 5 will be mailed to the curren s; and/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for	
CURRENT CORRESPONDENC 026096 75	E ADDRESS (Note: Use Block 1 for 190 12/19/2005 SKEY & OLDS, P.C. E ROAD			Fee(s) Transmittal. T papers. Each addition have its own certification	of mailing can only be used his certificate cannot be used nal paper, such as an assignmate of mailing or transmission. ertificate of Mailing or Tranthis Fee(s) Transmittal is being with sufficient postage for final Stop ISSUE FEE addressepto (571) 273-2885, on the	for any other accompanying nent or formal drawing, mus	
				Lindsey Fo		(Depositor's name)	
3/07/2006 FMETEKI2 00000122 10615581				maseu?	totheu	(Signature)	
1 FC:2501 2 FC:1504	700.00 OP 300.00 OP			February 2	3 , 2006	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/615,581 07/08/2003 Otman A. Basir 60,449-072 8290 TITLE OF INVENTION: INTEGRATED OCCUPANT SENSORY SYSTEM							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000	03/20/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
DEB, ANJAN K		2858		324-663000			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Carlson, Gaskey & Olds 2				
. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	Γ (print or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	clow, no assignee of this form is NO	data will app T a substitute	ear on the patent. If an assigner filing an assignment.	gnee is identified below, the	document has been filed fo	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Intelligent Me	echatronic Syste	ems Inc.	CANADA	A			
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	oatent): 🗆 Individual 🗖	Corporation or other private g	roup entity Governmen	
a. The following fee(s) are Issue Fee	enclosed:	4b	Payment of	Fee(s): in the amount of the fee(s) is	enclosed		
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. Change in Entity Status	(from status indicated above	:)				•••	
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.							
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Date February 26,2006